

FD-240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

District of _____

GUANGO F. CORREA,
Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITSOUTH VOP BUILDING CENTER, et al.,
Defendant

CASE NUMBER: 05-503(JJF)

I, GUANGO F. CORREA declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration SMYRNA Del 19927
DELAWARE CORRECTIONAL CENTER 1181 PAHOCK ROADAre you employed at the institution? N/A Do you receive any payment from the institution? _____Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

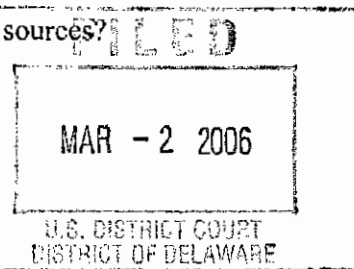
2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

N/A.

~~Cost of~~ None.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

2/27/06

Date

Guy F. D. Gallo, Counsel

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**AFFIDAVIT IN SUPPORT OF APPLICATION TO
PROCEED IN FORMA PAUPERIS***

I, Quang F. Le, being first duly sworn, depose and say that I am the Defendant in the above-captioned case; in support of my motion to proceed without paying Court fees and costs, or give security therefore, state:

My date of birth is: 03/04/65

My current address is: SP-0018007 Delaware Correctional Center
1181 Paddock Road Smyrna, DE 19777

Because of my financial situation, I am unable to pay the costs of this proceeding or give security therefore. In support of that statement, I supply the following information:

1. Nature of claim or defense is:

2. Presently employed? Yes No /

3. If Yes, state:

(a) Name and address of employer:

N/A

(b) How often paid:

N/A

(c) Take home pay per pay period:

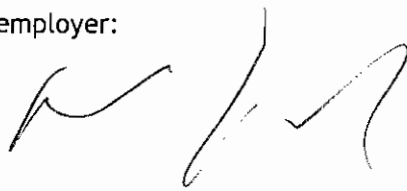
N/A

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

4. If No, state:

(a) Name and address of last employer:

(b) Date of last employment:



5. State whether you have received any income (dividends, rent, savings interest, etc.), gifts, such as stocks, bonds or cash, from any source in the last twelve months.

Yes _____ No

6. If Yes, state:

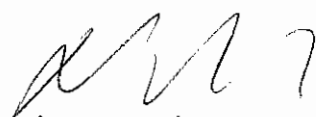
(a) Amount of income or gift, or its value:



(b) When received:



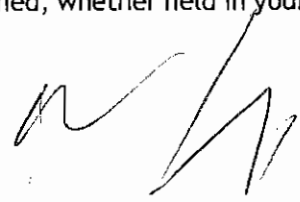
(c) From whom or what received:



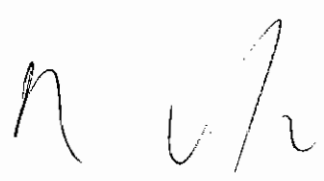
(d) Whether regular or one time:

7. List all property owned, whether held in your name alone or jointly with anyone else:

(a) Real estate:



(b) Personal property (stocks, bonds, bank accounts, vehicles):



* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

(c) Name and address of and relationship to any joint owner, designating which property is jointly owned and name of joint owner:

8. If you have a spouse, state:

N/A

(a) Amount of any income received:

(b) Source

N/A

(c) Frequency income is received:

9. If a prisoner, attach Department of Correction certified statement of your inmate account. The summary of your inmate account shall contain all account activity for the 6-month period immediately preceding the filing of the complaint, or for the entire time you have been incarcerated, whichever time is less.

10. If a prisoner, provide the following requested information.

(a) At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court of this State?

(b) If the answer to (a) was yes, identify the court(s) and provide the civil action(s) or appeal number(s) for each case.

N/A

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

(c) If the answer to (a) above was yes, state the outcome of each action or appeal.

11. If you are a prisoner and your complaint relates to a condition of confinement, you must have fully exhausted all administrative remedies available through the institutional grievance procedure. If you have not fully exhausted your administrative remedies, do not file the complaint in this matter or the motion to proceed in forma pauperis.

If this condition applies to you, state whether you have exhausted all administrative remedies.

If you have fully exhausted all administrative remedies, attach copies of all decisions in the administrative process.

12. If not listed above, state:

(a) Amount of any cash held (whether or not in a bank)

21.12

(b) Bank accounts, listing bank, account number(s) and current balance(s).

13. Itemize debts and regular monthly expenses:

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

14. List names and addresses of any dependents:

I, Guang Cao, swear or affirm that the above-
information is true and correct and is made under penalty of perjury.

DATED: 2/23/06

I understand that if the Court directs that I pay certain fees and court costs but
dismisses my complaint or claim, the Court keeps power over me until all costs and fees are paid.

SWORN TO AND SUBSCRIBED before me this 2/23/06 day of

Title

Guang
It would be really nice to do this

Revised 7.17.03

* All requests for information must be supplied, if possible. Failure to supply information may
result in denial of your motion to proceed *in forma pauperis*.

AO 240 (DELAWARE REV 7/00)

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

Defendant(s)

CASE NUMBER:

I, Carmelo Carmo declare that I am the (check appropriate box)
☒ **Petitioner/Plaintiff/Movant** ☐ **Other** in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. If *No*, state:

(a) Name and address of last employer: *N/A*

(b) Date of last employment: *N/A*

5. State whether you have received any income (dividends, rent, savings interest, etc.), gifts, such as stocks, bonds or cash, from any source in the last twelve months.

Yes _____ No */*

6. If *Yes*, state:

(a) Amount of income or gift, or its value:

N/A

(b) When received:

N/A

(c) From whom or what received:

N/A

(d) Whether regular or one time:

N/A

7. List all property owned, whether held in your name alone or jointly with anyone else:

(a) Real estate:

N/A

(b) Personal property (stocks, bonds, bank accounts, vehicles):

N/A

(c) Name and address of and relationship to any joint owner, designating which property is jointly owned and name of joint owner:

8. If you have a spouse, state:

N/A

(a) Amount of any income received:

(b) Source

N/A

(c) Frequency income is received:

N/A

9. If a prisoner, attach Department of Correction certified statement of your inmate account. The summary of your inmate account shall contain all account activity for the 6-month period immediately preceding the filing of the complaint, or for the entire time you have been incarcerated, whichever time is less.

10. If a prisoner, provide the following requested information.

(a) At any time while incarcerated or detained at any facility, have you previously brought an action or an appeal in a federal court or in any court of this State?

(b) If the answer to (a) was yes, identify the court(s) and provide the civil action(s) or appeal number(s) for each case.

(c) If the answer to (a) above was yes, state the outcome of each action or appeal.

11. If you are a prisoner and your complaint relates to a condition of confinement, you must have fully exhausted all administrative remedies available through the institutional grievance procedure. If you have not fully exhausted your administrative remedies, do not file the complaint in this matter or the motion to proceed in forma pauperis.

If this condition applies to you, state whether you have exhausted all administrative remedies.

If you have fully exhausted all administrative remedies, attach copies of all decisions in the administrative process.

12. If not listed above, state:

(a) Amount of any cash held (whether or not in a bank)

n/a

(b) Bank accounts, listing bank, account number(s) and current balance(s).

n/a

13. Itemize debts and regular monthly expenses:

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

14. List names and addresses of any dependents:

I, Guangxi Fitzgerald James, swear or affirm that the above-information is true and correct and is made under penalty of perjury.

DATED: 9/10/05

I understand that if the Court directs that I pay certain fees and court costs but dismisses my complaint or claim, the Court keeps power over me until all costs and fees are paid.

SWORN TO AND SUBSCRIBED before me this 10 day of
9/10/05, _____.

Pro Sec [Signature]
Title

Revised 7.17.03

* All requests for information must be supplied, if possible. Failure to supply information may result in denial of your motion to proceed *in forma pauperis*.

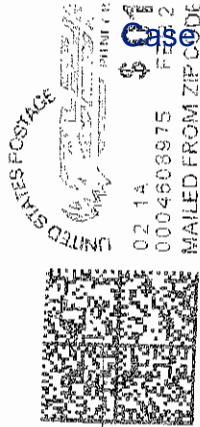
IM George Conner

SBI# 00180567 UNIT 54418

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



1:05-cv-00503-JJF

Document 11

Filed 03/02/2006

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OFFICE OF THE CLERK

UNITED STATES DISTRICT COURT

844 N King Street Lockbox 18

Wilmington, Del 19801

I need more time to get the
rest of the proper forms completed.
Please

U.S.M.S.
X-RAY